FORM D RECEIVED TO SECUL

UNITED STATES
ECURITIES AND EXCHANGE COMMISSION
Washington, D.C. 20549

## FORM D

NOTICE OF SALE OF SECURITIES
PURSUANT TO REGULATION D,
SECTION 4(6), AND/OR
UNIFORM LIMITED OFFERING EXEMPTION

1391204

OMB APPROVAL

OMB Number: 3235-0076 Expires: April 30, 2008

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SEC USE ONLY						
Prefix Serial						
DATE RECEIVED						
-						

Name of Offering ( check if this is an amendment and name has changed, and indicate change.) P2 Capital Fund, L.P.							
Filing Under (Check box(es) that apply): ☐ Rule 504 ☐ Rule 505 ■ Rule 506 ☐ Sect	ion 4(6) D ULOE						
Type of Filing: ■New Filing in CA, NJ, TX ■Amendment							
A. BASIC IDENTIFICATION D	OATA 07073614						
Enter the information requested about the issuer							
Name of Issuer (D check if this is an amendment and name has changed, and indicate change.) P2 Capital Fund, L.P. (the "Fund")							
Address of Executive Offices (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
c/o P2 Capital Partners, LLC, 590 Madison Avenue, 25th floor, New York, NY 10022	212-508-5503						
Address of Principal Business Operations (Number and Street, City, State, Zip Code)	Telephone Number (Including Area Code)						
(if different from Executive Offices)							
Brief Description of Business	BUCECCE						
I IIVVESSEU							
Investments in P2 Capital Master Fund, L.P. (the "Master Fund")  AUG 0 8 2007 p							
	AUG U 8 2007 2						
	Thomas						
Type of Business Organization							
□ corporation □ limited partnership, already formed □ other (please specify) □ business trust □ limited partnership, to be formed							
Month Year	■ Actual □ Estimated						
Actual of Estimated State of Interportation of Organization.							
Jurisdiction of Incorporation or Organization: (Enter two-letter U.S. Postal Service abbreviation for State: D E							
CN for Canada; FN for other foreign jurisdiction)							

### GENERAL INSTRUCTIONS

#### Federal:

Who Must File: All issuers making an offering of securities in reliance on an exemption under Regulation D or Section 4(6), 17 CFR 230.501 et seq. or 15 U.S.C. 77d(6).

When to File: A notice must be filed no later than 15 days after the first sale of securities in the offering. A notice is deemed filed with the U.S. Securities and Exchange Commission (SEC) on the earlier of the date it is received by the SEC at the address given below or, if received at that address after the date on which it is due, on the date it was mailed by United States registered or certified mail to that address.

Where to File: U.S. Securities and Exchange Commission, 450 Fifth Street, N.W., Washington, D.C. 20549.

Copies Required: Five (5) copies of this notice must be filed with the SEC, one of which must be manually signed. Any copies not manually signed must be photocopies of the manually signed copy or bear typed or printed signatures.

Information Required: A new filing must contain all information requested. Amendments need only report the name of the issuer and offering, any changes thereto, the information requested in Part C, and any material changes from the information previously supplied in Parts A and B. Part E and the Appendix need not be filed with the SEC.

Filing Fee: There is no federal filing fee.

#### State

This notice shall be used to indicate reliance on the Uniform Limited Offering Exemption (ULOE) for sales of securities in those states that have adopted ULOE and that have adopted this form. Issuers relying on ULOE must file a separate notice with the Securities Administrator in each state where sales are to be, or have been made. If a state requires the payment of a fee as a precondition to the claim for the exemption, a fee in the proper amount shall accompany this form. This notice shall be filed in the appropriate states in accordance with state law. The Appendix to the notice constitutes a part of this notice and must be completed.

## **ATTENTION**

Failure to file notice in the appropriate states will not result in a loss of the federal exemption. Conversely, failure to file the appropriate federal notice will not result in a loss of an available state exemption unless such exemption is predicated on the filing of a federal notice.

Persons who respond to the collection of information contained in this form are not required to respond unless the form displays a currently valid OMB control number.

## A. BASIC IDENTIFICATION DATA

- 2. Enter the information requested for the following:
  - Each promoter of the issuer, if the issuer has been organized within the past five years;
  - Each beneficial owner having the power to vote or dispose, or direct the vote or disposition of, 10% or more of a class of equity securities of the issuer;
  - Each executive officer and director of corporate issuers and of corporate general and managing partners of partnership issuers; and
  - Each general and managing partner of partnership issuers.

				<del></del>	
Check Box(es) that Apply:	Promoter	Beneficial Owner	D Executive Officer	Director	■ General and/or Managing Partner
Full Name (Last name first, it	Cindividual)	<del></del>			
P2 Capital GP, LLC (the "Ger	eral Partner")				
rz Capital Or, ELC (the Oct	iciai i attiici )				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)		<u>.                                      </u>	
c/o P2 Capital Partners, LLC,	590 Madison Avenu	ie, 25th floor, New York, N	Y 10022		
				<u></u> .	
Check Box(es) that Apply:	I Promoter	<ul> <li>Beneficial Owner</li> </ul>	Executive Officer	<ul><li>Director</li></ul>	■ General and/or Managing Partner*
				<del></del>	
Full Name (Last name first, if	findividual)				
Moller, Claus					
		<u> </u>			<u> </u>
Business or Residence Addres	s (Number and Stre	eet, City, State, Zip Code)	V 10022		
c/o P2 Capital Partners, LLC,	590 Madison Avenu	ie, 25th Hoor, New York, N	1 10022		
Charle Day(a) that Apples	☐ Promoter	D Beneficial Owner	Executive Officer	Director	General and/or Managing Partner
Check Box(es) that Apply:	L Fromoter	B Belleticial Owlier	B Excedite Office.	a birecioi	2 04114121 21121 07 1112111 8118 2 2 2 2 2 2 2
Full Name (Last name first, if	individual)				
run Name (Last name mst, n	ilidividual)				
Business or Residence Addres	s (Number and Stre	et. City. State. Zin Code)			
Business of residence readies	5 (Transcrand Bar	on, only, ourse, sup cour,			
Check Box(es) that Apply:	Promoter	Beneficial Owner	☐ Executive Officer	Director	General and/or Managing Partner
Check Don(co) that rippiy.					
Full Name (Last name first, if	individual)				·
,	·				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Cl. 1 D. ( ) d. 1 d. 1	П. В	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Check Box(es) that Apply:	<ul><li>Promoter</li></ul>	u Beneficial Owner	D Executive Officer	Director	D General and of wanaging rather
Full Name (Last name first, if	(leubivibni				
run Name (Last name msi, m	murviduar)				
Business or Residence Addres	s (Number and Stre	et. City. State. Zip Code)			
Dustiness of Residence Fludies	s (remote and sate	21, 31.7, 21.110, 2.15 3330)			
Check Box(es) that Apply:	D Promoter	Beneficial Owner	Executive Officer	☐ Director	General and/or Managing Partner
Contain Desired in Late of Project					
Full Name (Last name first, if	individual)	<u> </u>			
,	,				
Business or Residence Addres	s (Number and Stre	et, City, State, Zip Code)			
Check Box(es) that Apply:	O Promoter	<ul> <li>Beneficial Owner</li> </ul>	☐ Executive Officer	☐ Director	General and/or Managing Partner
Full Name (Last name first, if	individual)				
Dusines on Decidence Address	n (Niumbe- and Cer-	net City State 7:- Code			
Business or Residence Addres	s (municer and Stre	.c., City, State, Zip Code)			

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

\* Managing member of the General Partner

						B. INFO	RMATIO	N ABOUT	OFFERI	NG	_			
														Yes No
1.	Has the i	issuer sold,	or does the	e issuer inte	nd to sell, t	o non-accre	dited inves	tors in this	offering?		,			
	Answer also in Appendix, Column 2, if filing under ULOE.													
2.	2. What is the minimum investment that will be accepted from any individual?													
* Sub	* Subject to waiver at the sole discretion of the General Partner  Yes No													
:	the state of the s													
Full N	lame (L	ast name fi	irst, if indiv	ridual)										
Not a	pplicable	e												
Busin	ess or R	esidence A	ddress (Nu	mber and S	treet, City,	State, Zip C	Code)			<del></del>				
Name	of Asso	ciated Bro	ker or Deal	er	-				•	1				
				Solicited or					•			•		
(	(Check '	'All States'	or check is	ndiviđual S	tates)						•			☐ All States
ļ	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC] [VA]	[ND] [WA]	[OH] [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	
	[RI]	[SC]	[SD] rst, if indivi	[TN]	[TX]	(UT)	[VT]		[WA]	[***]	[ ** 1]	["']	[110]	
Tunt	iaine (La	ist name m	ist, ii marri											
Rusin	ess or R	esidence A	ddress (Nu	mber and S	treet City.	State, Zin C	(ode)			·				
Dustii	C35 OI 10	esidence in	adicas (iva	inoci and b	acot, Oity,	0.a.0, 2.1p	,000)							
Name	of Asso	ciated Bro	ker or Deal	er							_	<del>-</del> .		
Name	OI ASSO	cialed Bio.	RCI OI Dear	C.										
States	in Whic	h Person I	isted Has S	Solicited or	Intends to 5	Solicit Purc	hasers		···					
														☐ All States
	-				[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	-
	[AL] [IL]	[AK] [IN]	[AZ] [IA]	[AR] [KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT]	[NE]	[NV]	[NH]	[NJ]	[NM]	[NY]	[NC]	[ND]	[OH]	[OK]	[OR]	[PA]	
	[RI]	[SC]	[SD]	[TN]	[TX]	[UT]	[VT]	[VA]	[WA]	[WV]	[WI]	[WY]	[PR]	
Full N	lame (L	ast name fi	irst, if indiv	ridual)								•		
Busin	ess or R	esidence A	ddress (Nu	imber and S	treet, City,	State, Zip (	Code)		· <del>-</del>					
Name	of Asso	ciated Bro	ker or Deal	er									-	
States in Which Person Listed Has Solicited or Intends to Solicit Purchasers														
(Check "All States" or check individual States)														
	[AL]	[AK]	[AZ]	[AR]	[CA]	[CO]	[CT]	[DE]	[DC]	[FL]	[GA]	[HI]	[ID]	
	[IL]	[IN]	[IA]	[KS]	[KY]	[LA]	[ME]	[MD]	[MA]	[MI]	[MN]	[MS]	[MO]	
	[MT] [RJ]	[NE] (SC)	[NV] [SD]	[NH] [TN]	[NJ] [TX]	[NM] [UT]	[NY] [VT]	[NC] [VA]	[ND] [WA]	(OH) [WV]	[OK] [WI]	[OR] [WY]	[PA] [PR]	

(Use blank sheet, or copy and use additional copies of this sheet, as necessary.)

Type of Security		Aggregate	Amount Already
		Offering Price	Sold
		\$0	
Equity		\$0	_ \$0
	□ Common □ Preferred		
Convertible Securities (inc	luding warrants)	\$0	_ \$0
		\$1,200,000,000*	\$62,250,000
Other (Specify		\$0	_ \$0
		\$1,200,000,000*	_ \$62,250,000
	* Together with affiliated funds er also in Appendix, Column 3, if filing under ULOE.		
and the aggregate dollar an	ited and non-accredited investors who have purchased securities in this offering nounts of their purchases. For offerings under Rule 504, indicate the number of d securities and the aggregate dollar amount of their purchases on the total lines." or "zero."		
		Number Investors	Aggregate Dollar Amount of Purchases
Accredited Investors		11	\$62,250,000
Non-accredited Investors .		0	\$0
	er Rule 504 only)		\$
•	er also in Appendix, Column 4, if filing under ULOE.	<del></del>	
If this filing is for an offeri by the issuer, to date, in off	ng under Rule 504 or 505, enter the information requested for all securities sold erings of the types indicated, in the twelve (12) months prior to the first sale of lassify securities by type listed in Part C - Question 1.		
		Type of Security	Dollar Amount Sold
Type of offering			<u> </u>
Rule 505			_ \$
Regulation A			<u> </u>
Rule 504			\$
Total			
a. Furnish a statement of a	Il expenses in connection with the issuance and distribution of the securities in ints relating solely to organization expenses of the issuer. The information may are contingencies. If the amount of an expenditure is not known, furnish an		
			<b>\$</b> 0
Printing and Engraving Co	osts		<b>\$</b> 0
Legal Fees		•••••	<b>\$300,000*</b>
•			<b>\$</b> 0
-			<b>\$</b> 0
-	fy finders' fees separately)		<b>\$</b> 0
	y initials accessoration,		<b>\$</b> 0
Other Expenses (identity)	//····································		<b>\$300,000</b>

C. OFFERING PRICE, NUMBER OF INVESTORS, EXPENSES AND USE OF PROCEEDS

\* Together with affiliated funds

	C. OFFERING PRICE, NUMBER OF	F INVESTORS, EXPENSES AND US	E OF PROCEEDS				
b.	Enter the difference between the aggregate offering price given in response to Part C - Question 1 and total expenses furnished in response to Part C - Question 4.a. This difference is the "adjusted gross proceeds to the issuer."						
5.	Indicate below the amount of the adjusted gross proceeds to the issuer used or proposed to be used for each of the purposes shown. If the amount for any purpose is not known, furnish an estimate and check the box to the left of the estimate. The total of the payments listed must equal the adjusted gross proceeds to the issuer set forth in response to Part C - Question 4.b above.						
		Payments to Officers, Directors, & Affiliates	Payments To Others				
	Salaries and fees		□\$	<b>D\$</b>			
	Purchase of real estate		<b></b>	<b></b>			
	Purchase, rental or leasing and installation of machinery and equip	oment	<b>D\$</b>	<b>-\$</b>			
	Construction or leasing of plant buildings and facilities		<b></b>	<b></b>			
	Acquisition of other businesses (including the value of securities i used in exchange for the assets or securities of another issuer purs	<b>S</b>	□\$				
	Repayment of indebtedness	□\$	<b>S</b>				
	Working capital	C) \$	<b>S</b>				
	Other (specify): Investments (together with affiliated funds) in the		<b>\$1,199,700,000</b>	<b></b>			
			O\$	O\$			
	Column Totals		<b>\$1,199,700,000</b>	<b></b>			
	Total Payments Listed (columns totals added)	<b>\$1,199,700,000</b>					
		CONTRACT OF COLUMN TO THE COLU	<del></del>				
TL	e issuer has duly caused this notice to be signed by the undersigned duly	EDERAL SIGNATURE	d under Rule 505, the follow	ving signature constitutes			
an	undertaking by the issuer to furnish to the U.S. Securities and Exchange n-accredited investor pursuant to paragraph (b)(2) of Rule 502.	e Commission, upon written request of i	ts staff, the information fur	nished by the issuer to any			
iss	uer (Print or Type)	Signature V A A A A	Date				
	Capital Fund, L.P.		V 7/30	151			
Na	me of Signer (Print or Type)	Title of Signer (Print or Type)	- ·· ·				
CI	aus Moller	Managing member of P2 Capital GP, LLC, the general partner of P2 Capital Fund, L.P.					

# **ATTENTION**

Intentional misstatements or omissions of fact constitute federal criminal violations. (See 18 U.S.C. 1001.)

